



Please check ( ) the communities in which you are conducting business:

(01) Columbus	2.0%	_____	(10) Obetz	2.0%	_____	(15) Lithopolis	1.0%	_____
(05) Worthington	1.65%	_____	(11) Canal Winchester	2.0%	_____	(16) Harrisburg	1.0%	_____
(06) Grove City	2.0%	_____	(13) Marble Cliff	2.0%	_____			
(09) Groveport	2.0%	_____	(14) Brice	1.0%	_____			

Local Street Address of Business: \_\_\_\_\_

Have you previously had a municipal income tax account with the City of Columbus? ☐ YES ☐ NO

If YES, please indicate the account number (SSN or EIN) \_\_\_\_\_

**ACCOUNT TYPE:** (Check all types applicable to you or your business)

Sole Proprietorship _____	Corporation _____	Trust or Fiduciary _____
Partnership _____	Non-Profit _____	Employer Withholding _____
Common Carrier _____	Other (Specify) _____	

Date you started business within our collection area \_\_\_\_/\_\_\_\_/\_\_\_\_ Date you first had employees within our collection area \_\_\_\_/\_\_\_\_/\_\_\_\_

Approximate monthly payroll amount \$ \_\_\_\_\_ If you are using a payroll service, indicate which one \_\_\_\_\_

**IF SOLE PROPRIETORSHIP**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ EIN: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**CORPORATION/PARTNERSHIP/OTHER**

NAME: \_\_\_\_\_ EIN: \_\_\_\_\_

DBA: \_\_\_\_\_ FISCAL MONTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**MAILING ADDRESS FOR NET PROFIT/LOSS TAX RETURNS: AS ABOVE OR BELOW:**

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

**MAILING ADDRESS FOR EMPLOYER WITHHOLDING TAX RETURNS: AS ABOVE OR BELOW:**

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

*All Cities tax S Corporations at the corporate level. Columbus, Worthington and Grove City tax earnings of partnerships at the business level.*

If this is an ongoing business, please give information regarding prior owner:

Prior Owner's Name: \_\_\_\_\_

Street Address City State Zip

**IF CORPORATION:**

Name of President or C.E.O (All Corps) \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address City State Zip

**IF PARTNERSHIP:** Attach separate sheet with the name, SSN and address of each partner.

**Returns are due as follows:**

<u>INCOME TAX RETURN</u>	<u>FORM</u>	<u>DUE WITH PAYMENT</u>
Individuals	IR-25/IR-22	April 15
Businesses & Calendar Year Taxpayers	BR-25	April 15

<u>ESTIMATED TAX PAYMENTS</u>	<u>FORM</u>	<u>DUE WITH PAYMENT</u>
Declaration of Estimated Tax	IT-21	April 15
2nd Quarter	IT-18	June 15
3rd Quarter	IT-18	September 15
4th Quarter	IT-18	December 15

<u>EMPLOYERS WITHHOLDING RETURNS</u>			<u>DUE DATE</u>
<u>QUARTER</u>	<u>PERIOD</u>	<u>FORM</u>	
1st	January, February & March	IT-11	April 30
2nd	April, May & June	IT-11	July 31
3rd	July, August & September	IT-11	October 31
4th	October, November & December	IT-11	January 31
Year	Reconciliation with W-2's	IT-13	January 31

**EMPLOYERS DEPOSITS OF TAX WITHHELD (IT-15)**

- (a) Semi-monthly payments of the taxes deducted are to be made by the employer if (1) the total taxes deducted in the prior calendar year were \$12,000 or more, or (2) the amount of taxes deducted for any month in preceding quarter exceeded \$1,000. Such payment shall be paid to the City within five (5) banking days after the fifteenth and the last day of each month.
- (b) Monthly payments of taxes withheld shall be made by an employer if the taxes withheld in the prior calendar year are less than \$12,000 but more than \$3,599 or if the taxes withheld during any month for the preceding quarter exceeded \$300.

Such payments shall be paid to the City within fifteen days after the close of each calendar month. However, those taxes accumulated for the third month of a calendar quarter by employers making monthly payments pursuant to this paragraph need not be paid until the last day of the month following such quarter.

- (c) All employers not required to make semi-monthly or monthly payments of taxes withheld under (a) and (b) of this section shall make quarterly payments no later than the last day of the month following the end of each quarter.

- IRS regulations state that corporate officers cannot be subcontractors and officers' compensation must be treated as wages.

**Mail to:** COLUMBUS INCOME TAX DIVISION

New Accounts Section

50 W. Gay Street, 4th Floor

Columbus, Ohio 43215

Phone: (614) 645-8368

Fax: (614) 645-7193

**Our web address is: [www.columbus-tax.net](http://www.columbus-tax.net)**

**OFFICE USE ONLY**

(Search)  
NUMBER \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
GEO \_\_\_\_\_  
AUDITOR \_\_\_\_\_  
DATE \_\_\_\_\_